

# AGREEMENT TO SELL PROPERTY

CLAIM NO.

(DO NOT USE THIS SPACE)

INDIVIDUAL

SPOUSE

PARENT

## (INFORMATION ABOUT EXCESS NONLIQUID RESOURCES)

The Social Security Administration is authorized to collect the information on this form under section 1631(e) of the Social Security Act, as amended (42 U.S.C. 1383(e)). This agreement is needed to decide if an individual can receive Supplemental Security Income on a conditional basis. If this agreement is made by or with respect to an individual filing for or receiving SSI benefits, no benefits can be paid under this program unless this form is properly completed and filed as required by existing regulations (20 CFR 416.1240). If this agreement is made by and with respect to an individual who is not filing for or receiving benefits but whose resources affect the eligibility of another individual for benefits, this agreement is required by regulations (20 CFR 416.1240, 416.1202, 416.1203). This form is maintained in the claims folder to document the agreement. The routine use of the form and information are fully explained and published annually in the Federal Register. The Social Security Administration will further explain these uses upon request.

1.	DESCRIPTION OF EACH RESOURCE IF REAL PROPERTY, SHOW ADDRESS OR LOCATION	NAMES OF OWNERS	NATURE AND PERCENTAGE OWNERSHIP OF EACH	ESTIMATED CURRENT MARKET VALUE	AMOUNT OWED ON RESOURCE IF ANY	ESTIMATED NET PROCEEDS OF SALE (AFTER SALES EXPENSES & ANY AMOUNT OWED)
2.						

**CONDITIONS OF AGREEMENT:** My (our) resources exceed the amount which an eligible individual (or eligible individual and spouse) may have and still qualify for payments under title XVI of the Social Security Act. I (we) hereby request that conditional payments be made to me (us) until I (we) can sell the above-described resources at their current market value. Once Social Security notifies me (us) that this agreement has been approved, I (we) agree to take all necessary and proper steps to sell the above-described resources and to actively continue my (our) efforts to do so until the resources are sold. I (we) agree to sell the above-described resources for the highest price I (we) can get and to do so within 3 months (6 months) of being notified that the agreement is approved. I (we) also agree to notify the Social Security Administration within 5 working days after I (we) complete the sale. I (we) further agree to repay immediately all payments I (we) have received that would not have been paid if I (we) had sold the above-described resources the day I (we) filed application for benefits. I (we) further understand that if I (we) fail to comply with the terms of this agreement, I (we) will be required to make immediate refund of all payments made. (Read the information on the back of this form.)

SIGNATURE	ADDRESS (Street and No.)	CITY, STATE AND ZIP CODE	DATE
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